

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN116AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/08/2010
NAME OF PROVIDER OR SUPPLIER CLASSIC RESIDENCE BY HYATT			STREET ADDRESS, CITY, STATE, ZIP CODE 3201 PLUMAS ST RENO, NV 89509		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 7/8/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 34 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 30. Ten resident files were reviewed and ten employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A. The following deficiencies were identified:	Y 000			
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.	Y 255			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 255	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review on 7-8-10, the facility failed to ensure the kitchen complied with the standards of NAC 446.</p> <p>Findings include:</p> <p>1 Critical Violations:</p> <p>a. Pastry dish was stored on top of bacon in the walk-in refrigerator. Bacon was also stored next to pre-cooked ready-to-eat deli meats on the same shelf in the walk-in refrigerator.</p> <p>2. Cleaning and Sanitation Issues:</p> <p>a. Food dispensing scoops were improperly stored within the rice container located in the dry storage room.</p> <p>b. Multiple cutting boards were scarred and damaged.</p> <p>c. The can opener was soiled with food debris around the blade.</p> <p>d. The kitchen microwave was soiled with food debris near the back of the inside of the unit.</p> <p>e. The portable fan located under the hood on the main cook's line was heavily soiled with dust and debris.</p> <p>f. The hood vents were soiled with dust and</p>	Y 255			

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Y 255	Continued From page 2 debris on the support cook's line. g. The rag under the deli preparation cutting board and the rag used for a splash guard on the left side of the dishwasher must be removed for sanitation compliance. h. A mop was improperly stored outside of the janitor's closet area. i. The kitchen microwave for the Assisted Living was soiled with food debris within the unit on top of the plastic grill. j. The floors in the Assisted Living Kitchen were heavily soiled with food debris and dust under equipment. k. There was a damaged floor tile near the hot holding area of the Assisted Living Kitchen. Severity: 2 Scope: 3	Y 255			
Y 859 SS=E	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.	Y 859			

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Y 859	Continued From page 3 This Regulation is not met as evidenced by: Based on record review on 7/8/10, the facility failed to ensure that 1 of 10 residents received an annual physical (Resident #9 - missing annual physical exam). Severity: 2 Scope: 1	Y 859			

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